

NOTICE OF INDEPENDENT REVIEW DECISION

February 6, 2003

RE: MDR Tracking #: M2-03-0533-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 56 year old male sustained a work-related injury on ____ when his tractor trailer rig turned over onto the driver's side. The patient initially was unable to move his left upper and lower extremities. The patient underwent a cervical decompression in January of 2001. The patient complains of ongoing back pain that radiates down to his extremities. The treating physician is recommending that the patient undergo a lumbar discogram at L2-3 and L5-S-1.

Requested Service(s)

Lumbar discogram at L2-3 and L5-S1.

Decision

It is determined that a lumbar discogram at L2-3 and L5-S1 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is no previous lumbar spine work up contained in the medical record documentation or any indications that this patient underwent an MRI of the lumbar spine. The dictation from the physician requesting a discogram indicates the patient may be a candidate for epidural injection, spinal stimulator, or nucleoplasty. A discogram is not required for the decision to perform epidural injections or spinal stimulator. Discograms are usually done at the level of pathology, as well as at one normal level for comparison (NASS Clinical Guidelines PHASE III). Without an MRI, one cannot assess which level(s) to perform the discogram. In addition there is no documentation to indicate how a discogram would change the treatment options. Therefore, the lumbar discogram at L2-3 and L5-S1 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6 th day of February 2003.
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